

DWS-UI
Form 6
Rev. 6/01

UTAH NEW HIRE REGISTRY REPORTING FORM

- > Photo Copy this Original for Future Use
- > **Important** Instructions on Reverse Side
- > PRINT Legibly in Ink, or Type All Entries
- > Please Write all Entries in CAPS
- > All Required Items **MUST** Be Completed

Submit within 20 days
of new employee's
first day of work to:

INTERNET

Utah New Hire Registry
P.O. Box 45247
Salt Lake City Ut 84145-0247
or FAX (801) 526-4391
<http://newhire.dws.state.ut.us>

REQUIRED EMPLOYER INFORMATION

1. Federal Employer
ID Number (FEIN)

2. Employer's
Name

3. Employer's Street
Address

4. Employer's
City

5. Employer's
State

6. Employer's
Zip Code

REQUIRED EMPLOYEE INFORMATION

7. Social Security
Number (SSN):

8. Employee's
First Name

9. Employee's
Middle Initial

10. Employee's
Last Name

11. Employee's Home
Address

12. Employee's
City

13. Employee's
State

14. Employee's
Zip Code

OPTIONAL EMPLOYEE INFORMATION

15. Date of Hire
(Month/Day/Year)

16. Date of Birth
(Month/Day/Year)

INSTRUCTIONS FOR THE UTAH NEW HIRE REGISTRY FORM

INTRODUCTION: The purpose of the Utah New Hire Reporting Form is to allow employers to fulfill the New Hire reporting requirements. While we encourage employers to utilize this form, larger employers should consider submitting New Hire information on diskette or magnetic tape/cartridge. This benefits both the employer and us. For further information on electronic reporting please refer to the New Hire Registry Handbook, or visit our web site <http://www.dws.state.ut.us>, or contact us at (801) 526-4361.

REPORTING: This form may be processed by an optical character reader (OCR). The OCR will read the information on the front of the form and transfer the information to our computer files. Please typewrite or machine print using a dark simple print font with 10 to 12 pitch font. If hand-printed, use black ink CAPITAL LETTERS with clear character separation within the individual character boxes. The following examples are provided for machine print and hand print:

Example of Machine Print	8. Employee's First Name	ROBERT	7. Social Security Number (SSN):	123456789
Example of Hand-Printed	8. Employee's First Name	R O B E R T	7. Social Security Number (SSN):	1 2 3 4 5 6 7 8 9
Make your characters like these:	A B C D E F G H I J K L M N O P Q R S T U V W X Y Z			

IMPORTANT: This form is your MASTER COPY. For ease of use, we suggest the "REQUIRED EMPLOYER INFORMATION" portion be entered and then an adequate supply be photocopied for your future use.

REQUIRED ITEMS (numbers 1 through 14) must be completed. Forms submitted with missing data will be returned. While most of the information requested is self-explanatory, the following is provided for clarification:

Box 1, Federal Employer ID Number. This is the 9-digit Federal Employer Identification Number (FEIN) assigned to the employer. Do not place a hyphen between numbers. This is the same number used for Federal tax reporting.

Box 2, Employer's Name. List the employer's legal name. If there is insufficient space provided on this line you may extend the name into the first line of Box 3 (Employer's Street Address) provided the second line in Box 3 is sufficient to report the entire street address for the employer.

Box 3,4,5,6 Employer's Address. This should be the address where child support payment orders should be sent.

Box 7, Employee's Social Security Number. This is the 9-digit number issued by the Social Security Administration. Do not place hyphens between numbers. Forms and reports without a social security number will not be accepted.

OPTIONAL ITEMS (numbers 15 and 16) are optional.

Box 15, Date of Hire. The date of hire is the first day of work, not necessarily the date the employee was offered employment. The date of rehire is the first day an employee returns to work following an unpaid absence of a minimum of 6 consecutive weeks, provided the employer/employee relationship was severed and the employee was required to submit a W-4 form to the employer.

Box 16, Employee's Date of Birth. Please enter the newly hired worker's date of birth. Please provide the 8 digit date by month, day, and year. Do not place hyphens between numbers.

SUBMISSION OF NEW HIRE REPORTS: You may choose the filing method which is most convenient for you. You may also submit a copy of the Employee's W-4 Form, a printed list, a diskette, or magnetic media. Regardless of the format used, employers should make certain that all of the REQUIRED INFORMATION is included. An employer who fails to timely report the hiring or rehiring of an employee as required by law is subject to a civil penalty of \$25 to \$500 for each such failure. **All of the required information must be provided within 20 calendar days of the employee's first day of work.**

MAIL ➤ **UTAH NEW HIRE REGISTRY**
140 E 300 S
P.O. BOX 45247
SALT LAKE CITY UT 84145-0247

FAX ➤ (801) 526-4391

INTERNET ➤ <http://newhire.dws.state.ut.us>

If you have any questions, please call: (801) 526-4361 or 1-800-222-2857 (In State Only)